Personnel Casualty Report Message

MESSAGE ROUTING FOR ACTIVE DUTY AND RESERVE MEMBERS, OR DEPENDENTS OF ACTIVE DUTY MEMBERS:

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P 000000Z MON YR (COMCEN enters date time group)
FM COGARD UNIT ANYWHERE US (unit where casualty occurs or is initially reported to)
TO CCGDNUMBER ANYWHERE US (district where next of kin resides)
COMDT COGARD WASHINGTON DC//G-WPM//
INFO COGARD HRSIC TOPEKA KS
INFO COMCOGARD PERSCOM WASHINGTON DC//EPM or OPM//
FHTNC NORFOLK VA (Fleet Home Town News Center)
CCGDNUMBER ANYWHERE US (district where member's unit is located, if different from "To" line)
CCGDNUMBER ANYWHERE US (district where unit sending this msg is located, if different from above)
COGARD UNIT ANYWHERE US (member's unit, if different than "From" line)
COGARD MLC ANYWHERE US (if member's unit was a MLC unit)
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MESSAGE ROUTING FOR RETIRED MEMBERS, OR MEMBERS WHO DIE WITHIN 120 DAYS OF SEPARATION

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P 000000Z MON YR (COMCEN enters date time group)
FM COGARD UNIT ANYWHERE US (unit where casualty occurs or is initially reported to)
TO COGARD HRSIC TOPEKA KS
INFO COMDT COGARD WASHINGTON DC//G-WPM//
FHTNC NORFOLK VA (Fleet Home Town News Center)
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ACCT CGW2GARC
BT
UNCLAS FOUO //N01770//
SUBJ: PERSONNEL CASUALTY REPORT
1. THE FOLLOWING INFO IS PROVIDED:
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ALPHA. Name. Indicate member's full name, rank/rate, SSN, and branch of service. In the case of death of an active duty member's dependent, indicate dependent's full name and relationship to member, and give member's identifying information.

BRAVO. Status. Indicate status, e.g., active duty, dependent, active duty for training, retired, absentee since, etc. [In the case of reserve members, indicate whether the member was on active duty for training or inactive duty for training, and the period of training authorized including hour and date. If the casualty occurred en route to or from training, indicate the time of the member's departure, scheduled arrival time, method of travel, itinerary, and immediate cause of death. Express/Overnight mail a complete copy of the reservist's order immediately to Commandant (G-WPM).]

Personnel Casualty Report Message, Continued

CHARLIE. Type of Casualty. Indicate whether killed in action, died of wounds or other cause, missing, or the prognosis in case of illness or injury. [Do not use indefinite statements such as "lost overboard" or "missing and presumed dead". If it cannot be determined if member is deceased, see Article 11-A-4, Coast Guard Personnel Manual, COMDTINST M1000.6 (series). When applicable, state how identification of remains was established.]

DELTA. Date, Time, Place, Circumstances, and Cause. [Use local time. If the casualty occurred at sea or at a remote area, state latitude and longitude, unless security precludes. Give concise but ample description to provide means for explaining the casualty to the family and for processing survivor benefits. If the member is missing, include a statement of the status of the search or the impracticability of conducting a search. If death was caused from injuries, state whether sustained in an automobile accident, plane accident, or other cause. If possible, give brief additional information that would indicate whether or not the injuries were incurred in the line of duty, e.g., accidental electrocution while engaged in repair work aboard ship. If death was caused by gunshot wound, indicate whether sustained accidentally or apparently intentionally self-inflicted. If death resulted from drowning, indicate whether due to falling overboard, recreational swimming, etc. If death resulted from flight in a Coast Guard aircraft, report circumstances as follows: status of individual, e.g., pilot, crewmember, passenger; model of aircraft; and purpose and type of flight, e.g., whether "operational" or "other than operational". Whenever a determination of the cause of death is delayed pending an autopsy or toxicological examination, the finding shall be furnished by supplemental message as soon as possible.]

ECHO. Location and Disposition of Remains. [Give complete name, address, and phone number of morgue or funeral establishment where remains are located. If remains are to be transferred to another establishment, give name, address, and phone number of such establishment, when transfer will be made, and any special disposition instructions the next of kin should know. If remains were not recovered, give the status or the search.]

FOXTROT. Full Name, Address, and Relationship of Next of Kin. [Next of Kin information is found on the BAH/Dependency/Emergency Data and SGLI Validation (CG-4170A). If dependents are injured or killed in the same accident, state their present whereabouts and condition if applicable.]